

**ROBERT C. MARVIT, M.D., INC.**  
 1314 S. KING STREET, STE. 862  
 HONOLULU, HI 96814  
 (808)591-2420

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1/12/2006

Patient: OFELIA COLOYAN

Diagnosis: 1.

HONOLULU, HI

2.

3.

4.

Chart #: COLOF000

Case #: 803

Instructions: Complete the patient information portion of your own insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	DX	Units	Charge
10/5/2005	START/OPEN FILE	START OPE			1	300.00
10/7/2005	RECORD REVIEW	RECORD R			1	150.00
10/11/2005	REPORT	REPORT			1	150.00
10/13/2005	PAYMENT BY ATTORNEY	ATTYPAY			1	-500.00
10/31/2005	PAYMENT BY ATTORNEY	ATTYPAY			1	-100.00

**EXHIBIT**  
**DeFTS' E**  
**R. C. MARVIT, M.D.**  
**1/12/06**

**Provider Information**

Provider Name: ROBERT C. MARVIT M.D.  
 License:  
 Insurance PIN:  
 SSN or EIN: 99-0194245

Total Charges: \$ 600.00  
 Total Payments: -\$ 600.00  
 Total Adjustments: \$ 0.00  
**Total Due This Visit: \$ 0.00**  
 Total Account Balance: \$ 700.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT B**